

FILE NOW: FILING FEE IS \$61.25

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**Apr 17 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721925 (6)
1. Corporation Name
OAKLAND HILLS SOCIAL CENTER, INC.



Principal Place of Business 800 SW 51ST AVENUE P.O. BOX 9578 MARGATE FL 33068	Mailing Address 800 SW 51ST AVENUE P.O. BOX 9578 MARGATE FL 33068-3354
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3. Date Incorporated or Qualified 10/22/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 23-7279004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**KURTZ, JULIUS
5380 S.W. 11 ST.
MARGATE FL 33068**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number Is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	ERNST, MICHAEL
STREET ADDRESS	4996 S W 8TH ST
CITY-ST-ZIP	MARGATE FL
TITLE	V D <input type="checkbox"/> DELETE
NAME	GIOIA, ANTHONY
STREET ADDRESS	5050 S.W. 8TH STREET
CITY-ST-ZIP	MARGATE FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	FARKAS, EMERY
STREET ADDRESS	725 SW 50TH TERR
CITY-ST-ZIP	MARGATE, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	WINICK, ESTHER
STREET ADDRESS	890 SW 49 CIRCLE
CITY-ST-ZIP	MARGATE, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	MORGANO, EDYTHE
STREET ADDRESS	5065 SW 10TH ST
CITY-ST-ZIP	MARGATE, FL 00000
TITLE	T D <input type="checkbox"/> DELETE
NAME	KURTZ, JULIUS
STREET ADDRESS	5380 SW 11TH ST
CITY-ST-ZIP	MARGATE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Treas.** **4/11/97** **973-0440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025750

CR2E037 (9/96)